

1

First Name: _____
Middle Name: _____
Last Name: _____
Date of Birth: _____

What's the best number to call if we have a schedule change or need to get in touch with you?

Phone Number: _____

Cell Number: _____

Work Number: _____

Street Address: _____

City: _____

Zip: _____

Mailing Address: _____

City: _____

Zip: _____

Occupation: _____

Employer: _____

2

Please check all that apply to you:

- Recent Fever
- Diabetes
- High Blood Pressure
- Stroke
- Corticosteroid Use
- Taking Birth Control Pills
- Dizziness/Fainting
- Cancer/Tumor
- Osteoporosis
- Epilepsy/Seizures
- Other: _____
- Prostate Problems
- Menstrual Problems
- Urinary Problems
- Abnormal Weight Gain/Loss
- Marked Morning Pain/Stiffness
- Pain Unrelieved by Position/Rest
- Pain at Night
- Visual Disturbances
- Surgeries: _____
- Medications: _____

3

Family History:

- Cancer
- High Blood Pressure
- Stroke
- Diabetes
- Rheumatoid Arthritis
- Heart Problems

I certify, to the best of my knowledge, the above information is complete and accurate. I understand that I am liable for all charges for services rendered and I agree to notify this doctor immediately whenever I have changes in my healthy condition or health plan coverage in the future. I understand that my chiropractor or a clinical peer employed may need to contact my physician if my condition needs to be co-managed. Therefore I give authorization to my chiropractor to contact my physician, if necessary.

Patient Signature: _____

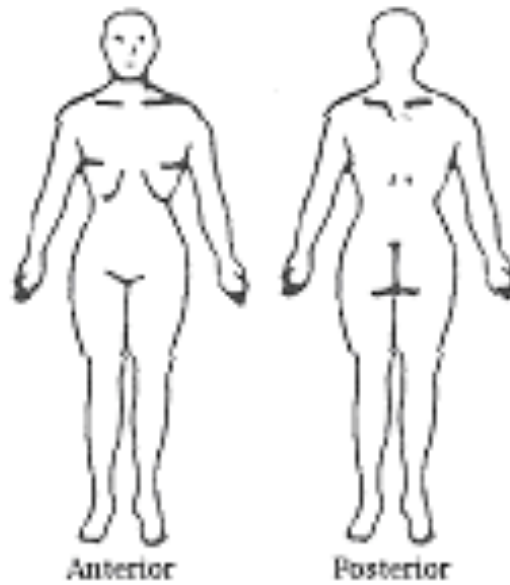
Date _____

4

Who referred you to our office? _____

5

Please shade symptomatic area →



Describe your Symptoms: _____

What caused it/them? _____

When did your symptoms begin? _____

- Are your symptoms
- Constant?
 - Present 25% of the time?
 - Present 50% of the time?
 - Present 75% of the time?

Do they interfere with your work ability? <25% 25-50% 50-75% >75

Do they interfere with daily activity? <25% 25-50% 50-75% >75

Have you seen another doctor for this? Yes No Multiple doctors

What did they do? MRI CT x-rays drugs

Date and Location? _____